

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	<u>14</u>	<u>10 / 03 / 2017</u>	<u>HEALTH TRENDS</u>
Follow-up				TIME IN	TIME OUT
Complaint	<input checked="" type="checkbox"/>		RATING	<u>3:00 PM</u>	<u>3:59 PM</u>
Investigation			<u>B</u>	SANITARY PERMIT NO.	LOCATION (Address)
Other:				<u>170002742</u>	<u>111 DERO RD, OROOT</u>
ESTABLISHMENT TYPE				AREA	TELEPHONE
<u>DRINK STAND</u>				<u>4</u>	<u>969-8763</u>
				No. of Risk Factor/Intervention Violations	RISK CATEGORY
				<u>2</u>	<u>1</u>
				No. of Repeat Risk Factor/Intervention Violations	
				<u>0</u>	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Dement points

Compliance Status				COS	R	PTS
Supervision						
1	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Management awareness; policy present			6
3	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
5	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
Preventing Contamination by Hands						
6	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
7	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
8	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT				6
Approved Source						
9	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT				6
10	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
11	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT				6
12	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
Protection from Contamination						
13	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A			6
14	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A			6
15	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT				6
Potentially Hazardous Food (TCS Food)						
16	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
17	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
18	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
19	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
20	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A			6
21	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
Consumer Advisory						
22	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A			6
Highly Susceptible Populations						
23	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A			6
Chemical						
24	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A			6
25	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT				6
Conformance with Approved Procedures						
26	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Dement points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
Food Identification						
34			Food properly labeled; original container			1
Prevention of Food Contamination						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.						
Person in Charge (Print and Sign)				Date:		
<u>KEVIN WILLIAM</u>				<u>10-03-17</u>		
DEH Inspector (Print and Sign)				Follow-up (Circle one):		
<u>LEILANI NAVARRO, EPHO I</u>				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
				Follow-up Date		
				<u>10/13/17</u>		

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ESTABLISHMENT NAME HEALTH TRENDS		LOCATION (Address) 111 DERO RD., ORDOT
INSPECTION DATE 10 / 03 / 17	SANITARY PERMIT NO. 170002742	PERMIT HOLDER JLR, LLC.

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR INSPECTION WAS CONDUCTED TODAY IN RESPONSE TO COMPLAINT NO. 17-113B REGARDING EMPLOYEES WORKING WITHOUT VALID HEALTH CERTIFICATES. THE COMPLAINT WAS NOT OBSERVED DURING THIS INSPECTION. THE FOLLOWING VIOLATIONS WERE OBSERVED TODAY:	
2	NO EMPLOYEE HEALTH POLICY IS IN PLACE. EMPLOYEE HEALTH POLICY SHALL BE DOCUMENTED TO ENSURE TRAINING ON PROPER EXCLUSION AND/OR RESTRICTION OF SICK EMPLOYEES.	10/13/17
14	PIC SAID HE ONLY WASHES PITCHERS AND OTHER UTENSILS WITH SOAP AND WATER AND THEN AIR DRIES THEM; NO SANITIZER IS BEING USED. FOOD CONTACT SURFACES SHALL BE PROPERLY CLEANED AND SANITIZED TO PREVENT CONTAMINATION OF DRINKS.	10/13/17
38	WIPING CLOTH IMPROPERLY STORED ON COUNTER. WIPING CLOTH SHALL BE STORED IN A SANITIZER SOLUTION WHEN BETWEEN USE.	11/02/17
44	BLENDER PITCHERS HAVE WHITE STAINS INSIDE. FOOD CONTACT SURFACES SHALL BE CLEANABLE AND PROPERLY CONSTRUCTED TO ENSURE CORRECT CLEANING/SANITIZING.	11/02/17

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) Kevin Williams	Date: 10-03-17
DEH Inspector (Print and Sign) LEILANI NAYALLO, EPHTO I	Date: 10/03/17

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